

LICENSE APPLICATION INITIAL OUT-OF-STATE

PI-1602-OS (Rev. 08-13)

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FOR INFORMATION CONTACT:

Telephone No. (608) 266-1027

Voice Mail No. 1-800-266-1027

Web Site <http://tepd1.dpi.wi.gov/>

We do not accept applications by FAX.

Application forms available at: <http://tepd1.dpi.wi.gov/licensing/application-forms-general>

WE WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP.

- ◆ Use the correct form. The PI-1602-OS application is used by any applicant for a Wisconsin educator license who completed an approved college or university educator preparation program (for teaching, pupil services, or administration) **outside** of Wisconsin. If you have questions about licensing in Wisconsin, see FAQ—Non-Wisconsin Graduates at <http://tepdpi.dpi.wi.gov/licensing/out-of-state-applicants>.
- ◆ Type or print legibly in black or blue ink. Do not submit pages photocopied “back-to-back” since pages of this application are separated for processing. **Keep a copy of the entire application and documentation. No documents can be returned to you.**
- ◆ For faster processing, mail the application, transcripts, PI-1602-A Conduct and Competency Review, and payment in one submission. Send PI-1612/PI-1613 forms to institutions/employers. Forms are available at: <http://tepdpi.dpi.wi.gov/licensing/supplementary-license-application-forms>.
- ◆ Verify that DPI received your application at: <http://tepdpi.dpi.wi.gov/licensing/license-lookup-introduction>.

LICENSE APPLICATION INFORMATION

- i. **Applicant Information:** Primary phone is a number where you can be reached between 8 a.m. and 4 p.m. Central Time.
- ii. **License(s) Requested:** Describe the type of license(s) requested. Complete the phonics section if you request teacher licensure for early childhood, elementary, or reading teacher/specialist. See <http://tepd.dpi.wi.gov/licensing/general-information-for-teaching-licenses> for Phonics FAQs.
- iii. **Post-Secondary Education and Institutional Endorsement:** The date you completed your initial educator preparation program affects evaluation of the application. For example, if you completed the initial program after August 31, 1992, you must have passing scores on the Praxis I PPST (or CBT) or other state-approved skills test in reading (175 (322)), writing (174 (320)), and mathematics (173 (318)). The certifying officer of the institution will complete Section II of the PI-1612 (including your state skills test status) and forward the form to DPI. In addition, if you completed your teacher training program after August 31, 2004, you are required to also verify successful completion of Wisconsin content area test(s). For more information, see <http://tepd.dpi.wi.gov/licensing/wisconsin-educator-testing-requirements>.

Foreign Applicants: If you completed your training program outside the United States, submit a detailed course by course credential evaluation *instead of* PI-1612 forms and transcripts. See <http://tepd.dpi.wi.gov/licensing/non-us-applicants>.

- iv. **Experience Verification:** Employers complete Section II of the PI-1613 Employment Verification form and forward it to DPI. If you have not been employed in the teaching field in the previous five years you must submit evidence (original grade reports or transcripts) that you completed six semester credits or the equivalent of refresher course work during that time.

Note: Administrator licenses (except school business manager) require **eligibility** to hold a Wisconsin teaching or pupil services license (even if you do not apply for a teaching or pupil services license) and require verification of at least three years of full-time teaching experience or three years experience as a school psychologist, counselor or social worker **that includes at least 540 hours of successful classroom teaching experience**. **Reading Teacher/Specialists licenses** require verification of at least two years of successful regular classroom teaching experience.

PAYMENT AND MAILING INSTRUCTIONS

Fee payment of \$150 must be mailed with your application. Since the fee covers the cost of application review and processing, **NO REFUNDS WILL BE MADE**, regardless of whether or not a license is issued. The application fee is subject to change without notice.

CHECK OR MONEY ORDER: Make payable for **\$150** to: **Dept. of Public Instruction**. *Attach the check/ money order securely to the front of the application page containing applicant information (page 2).* **Do not mail this page (page 1) if paying by check or money order.**

CREDIT CARD: MasterCard or Visa only (no debit cards). Fill in account information. This credit card payment page must have an original signature and will be retained by our bank. This page is not forwarded to DPI, so be sure that the reverse side does not contain any information needed to process the application. **Attach this page on top of other application materials.**

Account Number										MasterCard					<input type="checkbox"/> VISA				
				—					—						—				

Expiration Date

		—		
Month			Year	

Amount	\$150
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Print or Type Cardholder Name
Signature

MAILING: Mail (regular 1st class U.S. mail only) all application forms, documentation and payment together to DPI's bank address:

DPI Educator Licensing, Drawer 794, Milwaukee, WI 53293-0794

The bank will deposit your fee, then courier all application materials to licensing consultants for review. **Do not** mail or fax the application materials to DPI's Madison office. No faxes or photocopies will be accepted.



Wisconsin Department of Public Instruction

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FOR INFORMATION CONTACT:

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Voice Mail No. 1-800-266-1027

Web Site <http://tepd.dpi.wi.gov/licensing/out-of-state-applicants>

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I. APPLICANT INFORMATION

Legal Name <i>First</i>		<i>Middle</i>	<i>Last</i>
Previous Name(s)		Social Security No.*	Date of Birth <i>Mo./Day/Yr.</i>
Home Address			P.O. Box
City		State	ZIP Code ZIP Plus 4 digits
Primary Phone <i>Area/No.</i>	Ext.	Alternate Phone <i>Area/No.</i>	Ext.
Email Address			

II. LICENSE(S) REQUESTED *Describe the teaching, pupil services or administrative license(s) requested below.*

Grade Level(s)	Subjects	and/or	Positions	Date License to Begin July 1, ____
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☐ Check here for a **Substitute Teaching License Only**. Attach transcript verifying bachelor's degree and copy of a regular teaching license (see below).

If you hold or held a regular educator license in any U.S. state/territory, **attach a copy of your license** and complete the statement below.

☐ I am currently OR ☐ I was previously licensed in the state/territory of: _____

Applicants for Elementary, Early Childhood, Reading Teacher/Specialist Licenses: State law requires training in the teaching of reading that includes phonics (teaching reading using letter sounds and the sounds of letter groups) as a method. (See instructions.)

Check one: Phonics Training ☐ was completed (e.g., a course, conference, seminar, workshop) OR ☐ was not completed.

III. POST SECONDARY EDUCATION AND INSTITUTIONAL ENDORSEMENT *PI-1612 form(s) required—see instructions*

Provide the date that you graduated from your initial state-approved educator preparation program. _____ (Month/ Day/Year)

List all institutions where you earned a degree or completed an educator licensing program. Attach an original transcript from each institution to this application. Send a PI-1612 Institutional Endorsement form (with Part 1 completed) to each institution.

Institution of Higher Education	Location <i>City, State</i>	Date PI-1612 Sent	Original Transcript (no photocopies)
			<input type="checkbox"/> Attached <input type="checkbox"/> To be mailed separately*
			<input type="checkbox"/> Attached <input type="checkbox"/> To be mailed separately*
			<input type="checkbox"/> Attached <input type="checkbox"/> To be mailed separately*

* Send separate transcripts to: DPI Teacher Licensing, PO Box 7841, Madison, WI 53707-7841. Include full name and social security number on each.

Applicants who completed a non-United States educator preparation program: PI-1612 forms and transcripts are not required. Instead, attach a credential evaluation. Credential Evaluation: ☐ Attached ☐ Submitted previously ☐ To be mailed separately

IV. EXPERIENCE VERIFICATION *PI-1613 form(s) required—see instructions*

List each district or education agency where you have been employed as an educator. Send a PI-1613 Employment Verification form (applicant information completed) to each. Administrators and Reading Teacher/Specialists: See instructions regarding experience requirement

School District/Agency	Location <i>City, State</i>	Dates of Employment	Date PI-1613 Sent

For DPI Use Only	For Bank Use Only
<input type="checkbox"/> FP <input type="checkbox"/> Conduct	Amount of Remittance \$150 Date Stamp

**CONDUCT AND COMPETENCY REVIEW**

PI-1602-A (Rev 08-13)

THIS FORM MUST BE SIGNED AND NOTARIZED.Forms available at: <http://tepdpi.dpi.wi.gov/licensing/application-forms-general>**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION.**

- ◆ **Complete this form fully and truthfully and sign it in the presence of a notary public** (most schools have a notary on staff). Carefully **read all form instructions** on the following page. **An incomplete form will delay processing of your application.**
- ◆ Answer **all questions 1-12**. Use blue or black ink only. "Teaching" refers to all licensed school personnel including but not limited to teachers, pupil services personnel, administrators, library media specialists, substitute teachers, licensed aides, etc.
- ◆ For any "Yes" answer to questions 1-11, include a detailed written explanation. Also submit complete copies of any related criminal complaint, criminal judgment, police reports, disciplinary letters/findings, correspondence etc. as applicable. **Note:** If you answered "Yes" to any question (1-11) on a previous DPI application and provided the necessary documentation to DPI at that time, check "PR" (Previously Reported) for that question, **unless a new reportable incident(s) has occurred since then.**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR <small>Previously Reported</small>		1. Have you ever been disciplined for alleged misconduct including but not limited to verbal, physical, or sexual abuse or harassment in the course of any employment or as a member of any licensed or regulated profession?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR		2. Have you ever resigned, been disciplined or dismissed from any teaching or other school position, in part, for alleged: (<i>check any which apply</i>) <input type="checkbox"/> immoral conduct or <input type="checkbox"/> incompetence? (<i>See Definitions.</i>)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR		3. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR		4. Is any investigation/discipline of your education related license or employment pending in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR		5. Have you ever been convicted of violating any civil, state, or federal law or local ordinance for actions involving sexual conduct, physical abuse of a child, and/or contributing to the delinquency of a child?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR		6. Have you ever been convicted of any criminal offense (including <i>criminal</i> traffic matters, not general traffic violations) in any jurisdiction? (<i>check any which apply</i>) <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR		7. Have you ever participated in a deferred prosecution agreement to resolve a criminal matter?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR		8. Are you currently on probation, parole, or other court-ordered supervision in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR		9. Have you ever been acquitted or found not guilty by reason of insanity, mental disease or defect, diminished mental capacity or comparable legal defense or basis of an offense involving sexual conduct, or harm or threat of harm to another?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR		10. Is any investigation or criminal charge pending against you in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR		11. Have you (or a school district where you worked) ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation concerning your conduct as an educator or in an educationally related position or setting?
<input type="checkbox"/> Yes <input type="checkbox"/> No		12. Are you required to submit fingerprints to DPI with your license application? <i>See Instructions.</i> <input type="checkbox"/> If yes, electronic submission on _____ (<i>date</i>)

UNDER OATH, I swear that all information on this form and on the accompanying license application(s) and documentation is true to the best of my knowledge. Any false statements may result in denial, revocation, or suspension of license.

I HEREBY AUTHORIZE any of my previous employers, law enforcement agencies, and the courts to release, to the Wisconsin Department of Public Instruction, information which pertains to my responses to questions on this form.

Name <i>Print or type</i>	Sworn and signed before me this ____ day of _____ in the year _____.
Signature <i>Sign in the presence of a Notary Public. Use blue or black ink.</i> ➤	Notary Public, _____
Social Security No. *	My commission expires on _____

**Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.*

INSTRUCTIONS AND DEFINITIONS
CONDUCT AND COMPETENCY REVIEW FORM (PI-1602-A)

The Conduct and Competency Review Form is a screening method to protect children. While the vast majority of educators are not a danger to the safety and education of our children, there are exceptions to the rule. Some people use the profession to have access to children and to prey upon them. Because of these people, the department must investigate the backgrounds of all license applicants. The questions contained in the conduct and competency review form have been developed to alert the department to cases that warrant further investigation. A “yes” answer to a question or an arrest record **does not** automatically make you ineligible for licensure. Each situation is investigated independently and the final decision is made on a case-by-case basis. Your cooperation in protecting our children is greatly appreciated.

1. **Answer all questions.** We cannot issue a license unless all questions 1 - 12 are answered. Use black or blue ink only. *Submitting a fully and correctly completed form with notarized signature will speed processing of your application.*
2. **Fingerprints:** For question 12, carefully read **ALL** the criteria below to determine whether fingerprints are required in your situation. **You must answer Question 12. If you do not answer question 12, your conduct form will be returned to you for completion.** If fingerprints are required, follow the directions at: <http://tepd.dpi.wi.gov/backgroundchecks/completing-the-fingerprint-requirement>.
 - If you have worked, resided, or physically attended classes in a state other than Wisconsin, a listed territory (American Samoa, Guam, Puerto Rico, Commonwealth of the Northern Mariana Islands, or Virgin Islands), Canada, or Great Britain within the last twenty years *after age 17*, **you must submit fingerprints** with your license application.
 - If your license application contains an address in any of the locations listed above, you must submit fingerprints.
 - Even if you previously submitted fingerprints to the Department of Public Instruction **you must submit fingerprints again if, since the previous submission, you have worked, resided, or physically attended classes in any of the locations listed above.** (If you previously submitted prints that met approved FBI/CIB standards *and* have not worked, resided, or physically attended classes in any of the locations above since submitting your prints to DPI, then new prints are not required.)

Electronic Fingerprint Submission: The state of Wisconsin contracts with a specific private vendor to offer “inkless” live scan technology fingerprinting. This service is available at specifically designated Wisconsin locations and locations throughout the United States. More information about DPI-acceptable electronic fingerprint submission, including service locations, is available at: <http://tepd.dpi.wi.gov/backgroundchecks/completing-the-fingerprint-requirement>.
3. **Signature and Notarization Requirement:** Your signature on the Conduct and Competency form must be notarized. ***If you do not sign the form or if your signature on the form is not notarized, your conduct form will be returned to you for completion.*** Notary Publics are available at schools and banks. Other options include a clerk or deputy clerk of a court of record, a court commissioner, a register or deputy register of deeds, a judge, or a county or deputy county clerk. For more information about notarization see Frequently Asked Questions about notarization at: <http://tepd.dpi.wi.gov/licensing/faq-notarization>.

Definitions

“Immoral Conduct” means conduct or behavior that is contrary to commonly accepted moral or ethical standards and that endangers the health, safety, welfare, or education of any pupil. (Sec. 115.31(1)(c), Wis. Stats.)

“Incompetence” means a pattern of inadequate performance of duties or the lack of ability, legal qualifications or fitness to discharge required duties, and which endangers the health, welfare, safety or education of any pupil. (PI 34.35(1)(d), Wis. Admin. Code)

Reminders

Issuance or renewal of any license or permit by DPI is conditional pending the receipt of a satisfactory background investigation. (Sec. 118.19(10)(e), Wis. Stats.)

All information received from the Federal Bureau of Investigation and the Wisconsin Department of Justice as part of a background check, remains confidential. (Sec. 118.19(10)(f), Wis. Stats.)

You will be notified only if the department determines that the result of the background investigation is unsatisfactory.



Wisconsin Department of Public Instruction

INSTITUTIONAL ENDORSEMENT AND ASSURANCES

PI-1612 (Rev. 08-13)

Forms are available at: <http://tepd.dpi.wi.gov/licensing/application-forms-general>

Educator Licensing Telephone: (608) 266-1027

INSTRUCTIONS TO INSTITUTION: Complete Section II and mail to:

DPI - EDUCATOR LICENSING

P.O. BOX 7841

MADISON, WI 53707-7841

Website: <http://tepd.dpi.wi.gov/>

I. APPLICANT INFORMATION Complete and Forward To Institution

Legal Name First	Middle Int.	Last	Social Security No.*
Home Address <i>Street, Box, City, State, Zip</i>			Telephone <i>Area/No.</i>
Name and Location of Institution		Degree Earned	Date of Graduation <i>Mo./Year</i>
License(s) Requested			

II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES Complete and Return to DPI

1. Did the applicant complete your institution's state-approved program leading to educator licensing?

☐ YES, Applicant completed program on: _____ (Mo./Yr.)

Identify below Educator License(s) for which applicant qualifies in your state.

License Area	Subject/Category and/or Position	Grade/Development Level
<input type="checkbox"/> Teacher		
<input type="checkbox"/> Pupil Services		
<input type="checkbox"/> Administrator		

☐ NO, Explain:

2. The license(s) recommended in question 1 (above) is based on completion of a:

☐ Broad Field Major in: _____ with concentration(s) in _____

☐ Major in: _____

☐ Minor in: _____

3. **Supervised Field Experiences** (complete a and b, or c):

a. Applicant completed a pre-student teaching practicum(s) in: _____ (Subjects/Grades)

b. Applicant completed student teaching in _____ (Subjects/Grades)

for _____ Weeks in an: ☐ Elementary School ☐ Middle School ☐ High School ☐ Other Setting

c. Applicant completed a graduate practicum?

☐ Yes, Position and Level: _____ ☐ No

4. **Testing—Did the applicant meet your state's passing scores on a:**

a. Basic skills test in reading (R), writing (W), and math (M)?

☐ Yes, Test Name(s) and Year: _____ ☐ No ☐ Test Not Required

b. Standardized content test in all areas of licensure listed in question 1 above?

☐ Yes, If ETS/Praxis II Content test(s), list Test Number, Score, and Year below. ☐ No ☐ Test Not Required

Test Number	Score	Year

I, THE CERTIFYING OFFICER, CONFIRM that the education and testing information provided above is accurate and that the applicant is eligible for licensure in our state on the basis of having completed our state-approved program:

Signature of Certifying Officer	Name Type or Print Legibly	Date Signed <i>Mo./Day/Yr</i>
Institution Name	City/State	Telephone <i>Area/No.</i>
E-Mail Address	Fax <i>Area/No.</i>	

* Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.



Wisconsin Department of Public Instruction
EMPLOYMENT VERIFICATION
PI-1613 (Rev. 08-13)

INSTRUCTIONS TO EMPLOYER: Mail completed form to:
WI DEPARTMENT OF PUBLIC INSTRUCTION
EDUCATOR LICENSING
P.O. BOX 7841
MADISON, WI 53707-7841
Phone Number: (800) 266-1027 or (608) 266-1027
Website: tepd.dpi.wi.gov

This form is available at tepd.dpi.wi.gov/licensing/application-forms-general

To the Applicant: Complete Section I (print or type) and then send to your employer (District Administrator or Personnel Director) for completion of Sections II and III.

To the Employer: Please complete both Sections II and III. In Section II list each separate position/assignment held by the applicant within your district on an individual line. Mail the completed form to: **DPI—Educator Licensing, P.O. Box 7841, Madison, WI 53707-7841.**

I. APPLICANT INFORMATION	
Name Last, First, Middle, (Other/Previous)	Social Security Number*
Name of Employing School District / Agency	Location of Employment School(s), City, State

II. EMPLOYMENT HISTORY					
Dates (MM/YY)		Position Detail			
From	To	Position Held	Type of Teacher	If Teacher Grades Taught	Subjects Taught
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		

III. EMPLOYER VERIFICATION

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate and the education employment listed above was successful.

Exceptions, Limitations or Other Comments

Name of School District or Employer

Street

City, State, Zip Code

Signature of Employer

Date Signed *Mo./Day/Yr.*



Title

Employer Telephone *Area Code/No.*

* Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.